



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES  
**EMS TRAINING ENTITY ACCREDITATION INSPECTION CHECKLIST**

☐ EMT-P  
☐ EMT-B  
☐ CEU

NAME OF TRAINING ENTITY		LOCATION		DATE
<b>(1) GENERAL REQUIREMENTS FOR TRAINING ENTITIES</b>				
1. Organizational Structure (Organizational Chart)	MET	NOT MET	N/A	COMMENTS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Adequate resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical Director qualifications/credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Methodology to evaluate the need for training and to assure availability of effective training programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Faculty Requirements				
a. Credentials available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Primary faculty (those who teach 20% or more of classroom sessions) meet EMS requirements for instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Qualifications and training for lab instructors, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Qualifications for clinical instructors and preceptors, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Qualifications for any adjunct instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(2) PHYSICAL FACILITIES</b>				
1. Sufficient space in laboratories and classrooms to accommodate the maximum planned numbers of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Environmentally conducive to providing a learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Equipment and supplies available and consistent with the curriculum requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Equipment is in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(3) PROGRAM SELF-EVALUATION</b>				
Each EMS training entity shall demonstrate that the program conducted under its authority conducts program self-evaluation. Such evaluations shall include:				
a. Evaluation of students conducted and documented on a recurring basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Test instruments and evaluation methods reviewed by medical director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Evaluations by students available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(4) RECORDS AND REPORTING</b>				
1. Records for each student's attendance, clinical, practical and written exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Records for each initial course of instruction (excluding initial licensure):				
a. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Primary instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Beginning enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Drop out rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Course fail rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Number of students successfully completing course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Training entities that provide initial courses shall make available to all students clearly defined and published policies and procedures to include:				
a. Admission criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Student withdrawal and refund of tuition and/or fees policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Attendance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Grading and academic criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Class cancellation policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Appeal and grievance procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Examination policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Health and safety procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Certification requirements of the Nat'l. Registry of Emergency Med. Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Certificate of completion to include the BEMS accreditation number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Responsibility for satellite programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Use of BEMS accreditation number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(5) SPECIFIC REQUIREMENTS FOR EMT-B ENTITIES</b>				
1. Certified by BEMS to conduct initial EMT-B programs (excluding initial review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Designated program director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Designated lead instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. National Standard Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MO 580-2313 (R 08/07)

EMS 51A

NAME OF TRAINING ENTITY	LOCATION	DATE
<b>(6) CLINICAL REQUIREMENTS</b>		

1. Supervised clinical experience for all students	<div> <div>NOT</div> <div>MET</div> <div>MET</div> <div>N/A</div> </div>	COMMENTS
2. Written clinical agreements	<div> <div></div> <div></div> <div></div> </div>	
3. Clinical assignments in settings where experiences can be effective	<div> <div></div> <div></div> <div></div> </div>	
4. Students clearly identified by name and status when participating in clinical and field internship	<div> <div></div> <div></div> <div></div> </div>	
5. Minimum standards as set forth by BEMS for clinical experiences in terms of hours and skills according to current national standards, met or exceeded	<div> <div></div> <div></div> <div></div> </div>	
<b>(7) EXAMINATION REQUIREMENTS</b>		
1. Each EMT-B training entity shall assure that graduating students meet entry level competence	<div> <div></div> <div></div> <div></div> </div>	
2. Exam scores available for review	<div> <div></div> <div></div> <div></div> </div>	
<b>(8) REMARKS</b>		
<b>(9) CAAHEP ACCREDITATION</b>		
CAAHEP Accreditation	<div> <div></div> <div></div> <div></div> </div>	
<b>(10) SPECIFIC REQUIREMENTS FOR EMT-P ENTITIES</b>		
1. Affiliation with an accredited university, senior college, community college, vocational school, technical school or accredited medical institution	<div> <div></div> <div></div> <div></div> </div>	
2. Ability to require post-secondary education	<div> <div></div> <div></div> <div></div> </div>	
3. Access to remedial education	<div> <div></div> <div></div> <div></div> </div>	
4. Designated Program Director	<div> <div></div> <div></div> <div></div> </div>	
5. Designated lead instructor	<div> <div></div> <div></div> <div></div> </div>	
<b>(11) CLINICAL REQUIREMENTS</b>		
1. Supervised clinical experience for all students	<div> <div></div> <div></div> <div></div> </div>	
2. Written clinical agreements	<div> <div></div> <div></div> <div></div> </div>	
3. Clinical assignments in settings where experiences can be effective	<div> <div></div> <div></div> <div></div> </div>	
4. Students clearly identified by name and status when participating in clinical and field internship	<div> <div></div> <div></div> <div></div> </div>	
5. Field internship shall occur only in association with an Advance Life Support ambulance service which demonstrates medical accountability and employs preceptors who meet the training entity requirements.	<div> <div></div> <div></div> <div></div> </div>	
6. Minimum standards as set forth by BEMS for clinical experience	<div> <div></div> <div></div> <div></div> </div>	
<b>(12) EXAMINATION REQUIREMENTS</b>		
1. Each EMT-P training entity shall assure that graduating students meet entry level competence	<div> <div></div> <div></div> <div></div> </div>	
2. Exam scores available for review	<div> <div></div> <div></div> <div></div> </div>	
<b>(13) REMARKS</b>		
SIGNATURE OF BUREAU OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE		DATE
SIGNATURE OF TRAINING ENTITY REPRESENTATIVE		DATE